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APPLICANTS

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** CONTINUING DATA ***** *none said*

** FOREIGN APPLICATIONS ***** *none said*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 08/23/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY AZ	SHEETS DRAWING 2	TOTAL CLAIMS 90	INDEPENDENT CLAIMS 15
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Verified and Acknowledged
 Examiner's Signature *SAJ* Initials

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TITLE
 Antiviral composition and treatment method

FILING FEE RECEIVED 1465	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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